

Last Name

First Name

Birth Date

Upload: to your camp account
OR
Email: forms@campdina.com
OR
Fax: (718) 437-7644
OR
Mail: 5515 New Utrecht Ave.
 Brooklyn, NY 11219



Camp Dina Medical Form — Parent's Page

Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____
 Mother's Cell: _____
 Father's Cell: _____

In case of emergency, if a parent is not available, contact:
 Name: _____ Phone: _____

Physician: _____ Phone: _____

Medications to be continued at Camp (name, strength & dosage):

Campers who take daily medication are required to use J Drugs, a pharmacy who supplies pre-packaged medications, for their medication. Please download the form from our website and order your medication from J Drugs directly.

Would you like us to be aware of anything to assist us in caring for your child?

Please tape a copy of the **FRONT** of your **INSURANCE CARD** here.



Please tape a copy of the **BACK** of your **INSURANCE CARD** here.

Please tape a copy of the **FRONT** of your **PRESCRIPTION CARD** here.
 (if different)



Please tape a copy of the **BACK** of your **PRESCRIPTION CARD** here.
 (if different)

The Camp office must be notified if your child is exposed to any communicable disease during the **three weeks prior** to Camp attendance.

Parent's Authorization

It is our firm hope that the authorization below will never have to be used. In an emergency however, where immediate treatment is required before a parent can be contacted, this form can be extremely important. Without it, many doctors and hospitals will refuse to treat a minor as a matter of sound medical practice. Therefore, Camp requires this authorization to be signed by a parent for every camper and staff member.

In case of emergency, I hereby authorize the doctor or the hospital to which my child, may be brought, (and whomever they may designate as their assistants) to perform any emergency procedure or operation, to give treatment, injections, and the administration of an anesthetic to my child.

Signature of Parent _____ Print Name _____ Date _____